Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
			O strength
Check if 24-hour report X 48-hour report	t New rep	port X Amends repo	rt filed on 09 23 2014
Full Name of Payee COMMITTEE ON LETTER CARF	RIERS POLITIC	AL EDUCATION	Date of Public Distribution/Dissemination  09 21 2014
Mailing Address 100 Indiana Avenue, N.W.			Amount
City	State	Zip Code	450.07
Washington	DC	20001	Transaction ID : D540416  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	10869.66	Disbursement For:  Primary  General 2014  Gher (specify) ▶
Full Name of Payee Voices of the American Federation	on of Governme	nt Employees	Date of Public Distribution/Dissemination
	III OI GOVEIIIIICI	III Employees	09 / 21 / 2014
Mailing Address 80 F Street, NW			Amount
City	State	Zip Code	65.40
Washington	DC	20001	Transaction ID : D540437  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 21 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		24692.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 515.47
(b) SUBTOTAL of Unitemized Independent Ex	kpenditures		
	•		7 7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
. , , , , ,	andidate or authorize	•	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electro	onically Filed] Date	10 17 2014
Signature			

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/orkers' Voice	C C00484287
Ch	eck if 24-hour report X 48-hour report New report X Amends report filed of	on 09 / 23 / 2014
7		Date of Public Distribution/Dissemination
	Voices of the American Federation of Government Employees	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 80 F Street, NW	Amount
	City State Zip Code	96.23
		Transaction ID : D540438 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	MARK E LIDALI	President State: CO
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Primary X General  Other (specify) ▶
	Full Name of Payee Voices of the American Federation of Government Employees  Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination  09  21  2014  Amount
1	City State Zip Code	1.67
	Washington DC 20001 1	ransaction ID : D540445
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disbursement or Obligation
	Name of Federal Candidate Support Office	Sought: House District: 00
	CORY GARDNER Oppose	President State: CO
	Calendar Year-To-Date Per Election for Office Sought  Disbura 2014	sement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	97.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler  [Electronically Filed] Date  Ms. Elizabeth H Shuler  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignaturo	

PAGE

OF

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ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report  48-hour report  New report  Amends report file	ed on 09 / 23 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 21 2014
Mailing Address 80 F Street, NW	Amount
City State Zip Code	65.40
Washington DC 20001	Transaction ID : D540447 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disputsement of Obligation
Name of Federal Candidate Support Off	ce Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  24692.56  Dis 201	bursement For: Primary X General
Full Name of Payee Voices of the American Federation of Government Employees  Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination
	Amount
City State Zip Code	154.39
Washington DC 20001	Transaction ID : D540448  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M 09 / 21 / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
MARK FURALL	President State: CO
	bursement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	219.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	

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OF

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Schedule E)		1101120		PAGE 4 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on 09	23 2014
Full Name of Payee AFL-CIO			Date of Pub	olic Distribution/Dissemination
Mailing Address 815 - 16th Street, NW			Amount	21 2014
			7	
City	State	Zip Code	Transportion	2.68
Washington	DC	20006		n ID : D540453 bursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	28857.35	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			<u> </u>	olic Distribution/Dissemination
AFL-CIO			M = M	/ D D / Y Y Y Y
Mailing Address 815 - 16th Street, NW			09	21 2014
o oro rom onou, itt			Amount	
City	State	Zip Code		2.68
Washington	DC	20006		ID: D540455 bursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	28857.35	Disbursement For: 2014 Other (	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		· •	5.36
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	2 1 2 1 2
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10 / 17	2014
Signature				

Schedule E)	PAGE 5 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Ame	ends report filed on 09 23 2014
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	3.58
Washington DC 20006	Transaction ID : D540456  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type	004 09 / 21 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
ALISON LUNDEDCAN CRIMES	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24692.56	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	09
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	3.58
Washington DC 20006	Transaction ID : D540461  Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets  Category/ Type	004 09 / 21 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
MITCH MCCONNELL X	Oppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 24692.56	Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	7.16
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
	P
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee c party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 10 17 2014
Signature	

Schedule E)	. =/(! = : : = :			PAGE 6 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	rt filed on 09	23 2014
Full Name of Payee AFL-CIO			М = М	
Mailing Address 815 - 16th Street, NW			Amount	21 2014
City	State	Zip Code		5.83
Washington	DC	20006		on ID : D540464 isbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		10869.66	Disbursement Fo	or:
Full Name of Payee AFT Solidarity 527  Mailing Address 555 New Jersey Ave. N.W.			Date of P	rublic Distribution/Dissemination
City	State	Zip Code		23.33
Washington	DC	20001		on ID : D540466 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	, , ,	10869.66	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		<b>•</b>	29.16
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		17 2014
Signature				

Schedule E)	PAGE 7 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed o	on 09 23 Y 2014
Full Name of Payee AFT Michigan General Fund	Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.	09 21 2014 Amount
	35.98  Transaction ID : D540468  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  001	09 / 21 / 2014
Name of Federal Candidate Support Office 9	Sought: House District: 00
TERRITYNNIAND	President State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburs 28857.35  Disburs 2014	sement For:
Full Name of Payee AFT Michigan General Fund	Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.	09 / 21 / 2014
ZOTZ IIIddotilai Ot.	Amount
City State Zip Code	35.98
Ciaying	Transaction ID: D540470 Date of Disbursement or Obligation
InKind Staff  Category/ Type  001	09 / 21 / 2014
	Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disburs 28857.35  Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	71.96
(a) COD TO THE OF THE MADE THE PROPERTY OF THE	71.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	M END.: 313	PAGE 8 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report X Amends repo	ort filed on 09 23 2014
Full Name of Payee Colorado AFL-CIO L2K		Date of Public Distribution/Dissemination
Mailing Address 140 Sheridan Blvd		09 21 2014 Amount
City Sta	te Zip Code	223.74
Denver CO	•	Transaction ID : D540474  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate	X Support	Office Sought: House District: 00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	10869.66	Disbursement For:  Primary  General 2014
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW		Date of Public Distribution/Dissemination  09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	te Zip Code	262.11
Washington	·	Transaction ID : D540475  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate	X Support	Office Sought: House District: 00
GARY PETERS	Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	28857.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		• 485.85
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of	
Ms. Elizabeth H Shuler	[Electronically Filed] Date	e 10 17 2014
Signature		

Schedule E)	511-5112-5	PAGE 9 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New re	eport X Amends report f	iled on 09 23 2014
Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW		09 21 2014  Amount
City State	Zip Code	28.12
Washington DC	20036	Transaction ID : D540476  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 21 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW		Date of Public Distribution/Dissemination  M 09
City State	Zip Code	179.66
Washington DC	20036	Transaction ID : D540478  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 21 / 2014
Name of Federal Candidate	Support O	office Sought: House District: 00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General 014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		207.78
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	10 17 2014
Signature		

Schedule E)	PAGE 10 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	09 23 2014
AFSCME for Michigan	of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW Amou	09 21 2014 unt
City. State 7in Code	20.42
	28.12 saction ID : D540480 of Disbursement or Obligation
Purpose of Expenditure	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	nt: House District: 00
GARY PETERS Oppose Preside	ent State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014  O	nt For:
USW Works	of Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER Amou	09 21 2014 unt
City State Zip Code	596.92
Pittsburgh PA 15222 Transa Date	action ID : D540417 of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 001	09 / 21 / 2014
Name of Federal Candidate Support Office Sough	nt: House District: 00
MITCH MCCONNELL Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2014  OCC  Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	625.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date  Manage of the state of the sta	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	TI EXI END	TIONES	<u> </u>	PAGE 11 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Workers' Voice			Сс	00484287
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	rt filed on 09	23 2014
Full Name of Payee USW Works			Date of Public	Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER			09 Amount	21 2014
City	State	Zip Code	Town time ID	347.88
Pittsburgh	PA	15222	Transaction ID  Date of Disburs	sement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 09 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	24692.56	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
USW Works			09	21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address FIVE GATEWAY CENTER			Amount	
City	State	Zip Code		596.92
Pittsburgh	PA	15222	Transaction ID :  Date of Disburs	: D540428 sement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	21 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President X	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	24692.56	Disbursement For: 2014 Other (spe	Primary ⊠ General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			944.80
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014
Jigilatule				

Schedule E)		PAGE 12 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on 09	
Full Name of Payee USW Works	M	Public Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER	Amount	2014
City State Zip Co	ode	193.82
Pittsburgh PA 15222	Transac	ction ID : D540429 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Cate	gory/ Type 002	09 21 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
GARY PETERS	Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought 28857.		For:
Full Name of Payee	Date of	Public Distribution/Dissemination
USW Works		09 21 2014
Mailing Address FIVE GATEWAY CENTER	Amount	لىنىا لىا ك
City State Zip Co	ada .	49.50
Pittsburgh PA 1522:	2 Transac	tion ID: D540432  Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Cate	gory/ 002 002	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
TERRI LYNN LAND	Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought 286	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		243.32
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	4 4 4
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically F	iled] Date 10	17 2014
Signature		

Schedule E)						PAGE 13 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice					С	C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Am	nends repo	ort filed on	M M /	23 / 2014
Full Name of Payee USW Works				Dat	e of Public	C Distribution/Dissemination
Mailing Address FIVE GATEWAY CENTER				Am	09 ount	21 2014
011	01-1-	Zin Ondo				247.00
City :	State Zip Code  purgh PA 15222					347.88 ID: D540434 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type	002		09 /	21 2014
Name of Federal Candidate		<u> </u>	Support	Office Sou	aht.	House District: 00
ALISON LUNDERGAN GRIMES			Oppose			Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		24692.56		Disbursem 2014	ent For: Other (sp	Primary
Full Name of Payee				Dat		c Distribution/Dissemination
					M = M	/ D D / Y Y Y Y
Mailing Address				Am	ount	
					Ount	
City	State	Zip Code				
				Dat	te of Disbu	ursement or Obligation
Purpose of Expenditure		Category/ Type			M = M	
Name of Federal Candidate			Support	Office Sou	ıght:	House District:
			Oppose	Pres	sident	Senate State:
Calendar Year-To-Date Per Election for Office Sought				Disbursem		Primary General
					Other (sp	pecify)
(a) SUBTOTAL of Itemized Independent Expenditures.						347.88
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
(c) TOTAL Independent Expenditures						3801.47
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized					
Ms. Elizabeth H Shuler	[Electron	nically Filed]	Date	M M M	/ 17	2014
Signature						